

MOPED DEALER TWO YEAR LICENSE APPLICATION

MV2861 3/2004 Ch. 218 Wis. Stats.

☐ Amending Current License InformationWisconsin Department of Transportation
Dealer Section
4802 Sheboygan Avenue
P. O. Box 7909
Madison, WI 53707-7909

FOR OFFICE USE ONLY				
Issued		Expires		
Legal Name		Area Code - Telephone Number		If Previously Licensed, Give Year and License Number
Trade Name(s) or DBAs				Federal Employer Identification Number (FEIN)
Street Address or RFD	Post Office Box Number	City	State	ZIP Code
County where business located				
Business Entity <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership		<input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	If Corporation or LLC, Date Licensed in Wisconsin	State of Incorporation or Organization
Address of NONADJACENT Sales Location in SAME MUNICIPALITY			Name: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	
Branch:		Sublot:		
Name and Title of Owner, Partners, Association Members, Corporation Officers and Shareholders, LLC Managers and Members Complete an Entity/Owner Statement (Form MV2844) for each individual listed.				

Was there a licensed dealer at this same location previously this year? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name dealer _____	Do you own and operate your own service department? <input type="checkbox"/> Yes <input type="checkbox"/> No, Attach completed service agreement
Have you, as an individual and your above-named firm, been licensed as a dealer before? <input type="checkbox"/> No <input type="checkbox"/> Yes, Same location? <input type="checkbox"/> No <input type="checkbox"/> Yes	Complete ONE of the following (whichever applicable):
Has your motor vehicle dealer license ever been denied, suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes, When and what state? _____	Is business real estate owned by:
Are you licensed as a motor vehicle salvage dealer at same location? <input type="checkbox"/> No <input type="checkbox"/> Yes, Give license number _____	Owner of sole proprietorship <input type="checkbox"/> YES <input type="checkbox"/> NO
	One partner of partnership <input type="checkbox"/> YES <input type="checkbox"/> NO
	Corporate dealership <input type="checkbox"/> YES <input type="checkbox"/> NO
	LLC <input type="checkbox"/> YES <input type="checkbox"/> NO

Number of vehicles sold at RETAIL in last 12 month period		Sales Tax Seller Permit Number
NEW	USED	Dealer License (Required fee).....\$40.00
License Numbers of Additional Dealerships		Dealer License Plates Required only if moped is operated on public highways or streets.....First 2 plates = \$150.00
Completely describe other business, if any, engaged in by your firm - Same location? <input type="checkbox"/> No <input type="checkbox"/> Yes		Number of additional plates _____ @ \$10.00
		List letters of all missing plates _____
		Replacement License Plates for lost, damaged, or illegible plates.....each plate \$2.00
		CHECK PAYABLE TO: REGISTRATION FEE TRUST \$ _____

I, the undersigned, certify under penalty of s.345.17 Wisconsin Statutes, that: (1) A lease agreement covering at least the licensing year has been executed, if premises are not owned by applicant, and; (2) The answers and statements on this application are true and correct to the best of my knowledge.

See reverse side.**X**

(Authorized Dealership Agent, Title)

(Date)

**Following Applies To First-time Dealer Applicant Or
Application For Amended License Because of
Business Relocation or Ownership Change**

Proper local officials must sign below, BEFORE submitting this application. All applicants complete section A.
If business is located in a town, complete both sections A and B.

Section A

1. Operation of this dealer business at the location(s) as stated on the reverse side is in accordance with local zoning regulation.

X _____

(Signature)

_____ (Official Title)

_____ (Municipality)

2. Check one box and sign below:

☐

A local permit or license is required and has been issued.

☐

A local permit or license is not required.

X _____

(Signature)

_____ (Official Title)

_____ (Municipality)

Section B

County Zoning Approval - required only if business is located in a town.

Operation of this dealer business at the location(s) as stated on the reverse side is in accordance with local zoning regulation.

X _____

(Signature)

_____ (Official Title)

_____ (County)

If business address on reverse side does not include a specific street number, furnish directions to your business location, including highway numbers or letters and distances.
